



Hartsville Fire District

Dear Prospective Firefighter:

Thank you for your interest in a career with the City of Hartsville Fire District. To begin the application process, all applicants are required to submit a complete application packet. Incomplete application packets will not be considered.

Requirement of applicant:

- 18 years of age
- High School Diploma or equivalent
- Ability to complete South Carolina Fire Academy Courses
- Possess valid South Carolina driver's license
- Vision correctable to 20/20

Complete Application must include:

- Signed application (Available in City Human Resources office or may be downloaded at www.hartsvillesc.gov)
- Signed waivers
- Ten-year driving record
- Copy of social security card
- Copy of driver's license
- Copy of High School Diploma or State GED certificate
- Copy of birth certificate (You must include a copy of your Certificate of Naturalization if you became a United States citizen through the naturalization process)
- A certified copy of college transcript(s), if you have attended or graduated from college
- A copy of DD214 (former military service members must furnish their final DD214)

As an equal opportunity employer, it is the policy of the City of Hartsville to only hire qualified candidates who are best suited for employment with our agency without regard to age, disability, national origin, race/color, religion, sex, or any other unlawful discriminator(s). The following steps may occur in the employment process:

- Preliminary review of application packet (Human Resources to determine minimum qualifications and then by the hiring Department)
- Preliminary background investigation to include at a minimum:
 - Driver's license and criminal history check
 - Verification of prior employment, education and experience
- Contact references (in person where practical)
- Thorough investigation of any adverse disclosures or discoveries
- Physical agility testing - A detailed task orientation will be given on the day of the test.
- Written Testing
- Interview with Department staff and/or Professional Board
- Interview with Department Head
- Interview with HR Director
- Interview with City Manager
- Conditional offer of employment
- Drug testing and physical examination with respirator certification (per NFPA 1582 standards)
- Orientation for employment

You will be contacted if you are considered beyond the preliminary review of your application. Our process could take from one to two months depending on the department's status of hiring, the scheduling of testing and the applicant's particular background. Please feel free to call with any questions.

Regards,

Jeff Burr
Fire Chief



Application for At-Will Employment

Fire District

This application must be completed in full and signed in blue ink. Incomplete or unsigned applications will not be considered. Mark all areas that do not apply with "N/A" so as not to leave it to our interpretation as to why it was left blank. If you are selected for an interview, the appropriate department will notify you. Be aware that certain information contained in this completed application may be subject to the **Freedom of Information Act. Thank you for your interest in employment with the City of Hartsville.**

PLEASE PRINT. (This application is not, and is not intended to be, a contract of employment.)

POSITION APPLIED FOR (One position per application) _____ Date _____

Name _____ Driver's License # _____ State & Exp Date _____

Address _____ City _____ State _____ ZIP _____

Home Phone _____ Work Phone _____ Cell Phone _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle or had your license, permit or privilege suspended or revoked? ☐ Yes ☐ No

If yes, provide details: _____

Have you been convicted, pled no contest, or pled not guilty of a crime other than a minor traffic violation? ☐ Yes ☐ No

NOTE: Conviction is not necessarily a bar to employment. Circumstances surrounding the conviction and job applied for are considered.

If yes, please explain: _____

Are there any charges or indictments now pending against you? ☐ Yes ☐ No

If yes, please explain: _____

Are you a citizen of the United States? ☐ Yes ☐ No Are you an alien lawfully authorized to work in the United States? ☐ Yes ☐ No

Have you ever worked for the City of Hartsville? ☐ Yes ☐ No ☐ I am currently a City employee

If yes, what department, position and when? _____

Have you ever been terminated or forced to resign from any job? ☐ Yes ☐ No

If yes, please explain: _____

AVAILABILITY

<input type="checkbox"/> Immediately	Are you willing to work (check all that apply):	<input type="checkbox"/> Inclement Weather	<input type="checkbox"/> Outdoors
<input type="checkbox"/> After two week notice		<input type="checkbox"/> Full time (40 hr per week)	<input type="checkbox"/> Nights/Weekends
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Part time (Less than 30 hr per week)	<input type="checkbox"/> Rotating Shifts
			<input type="checkbox"/> Overtime
			<input type="checkbox"/> Holidays

EDUCATION

What specific academic, vocational, technical or professional education(s) have you had that relates to this job?

Circle last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 / GED / College 13 14 15 16 / Graduate School 17 18 19

NAME & LOCATION OF SCHOOL	DATES ATTENDED	GRADUATE	DEGREE	MAJOR
		Yes _____ No _____		
		Yes _____ No _____		
		Yes _____ No _____		

MILITARY SERVICE

Branch

Rank

Date Entered

Date Discharged

SKILLS

Computer Software	Indicate the types of software you are skilled in using: <input type="checkbox"/> Windows <input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> PowerPoint <input type="checkbox"/> Access <input type="checkbox"/> Outlook <input type="checkbox"/> WordPerfect <input type="checkbox"/> Lotus 1-2-3 <input type="checkbox"/> AutoCAD <input type="checkbox"/> Other: _____
Equipment	Indicate the types of equipment you are skilled in operating: <input type="checkbox"/> Trucks/Dump trucks <input type="checkbox"/> Backhoes <input type="checkbox"/> Motor Graders <input type="checkbox"/> Other _____
Professional Registrations/Licenses/Certifications	Please list (Examples: CPA, EMT, CPR, Water and Wastewater certifications):
Other Training (Include Military)	

(Not a Contract)

HFD Page 1 of 3

REFERENCES

List three (3) persons (not former employers or relatives) whom you have known for at least three (3) years.

Name	Address	Phone	Occupation

List any relative(s) employed by the City of Hartsville (give name, department, and relationship to you). _____

EMPLOYMENT HISTORY

Please include part-time and temporary employment, as well as job-related military service. List any self-employment. **Attach additional sheets if necessary.**

May we contact your current employer? ☐ Yes ☐ No

<u>Current Employer:</u>			
Name of Company _____		Address _____	
Telephone Number () _____			
Starting Date _____	Entry Job Title _____	Entry Salary \$ _____	per _____
Ending Date _____	Ending Job Title _____	Ending Salary \$ _____	per _____
Detailed Description of Duties _____			
Name and Title of Supervisor _____			
Reason for Leaving _____			

<u>Previous Employer:</u>			
Name of Company _____		Address _____	
Telephone Number () _____			
Starting Date _____	Entry Job Title _____	Entry Salary \$ _____	per _____
Ending Date _____	Ending Job Title _____	Ending Salary \$ _____	per _____
Detailed Description of Duties _____			
Name and Title of Supervisor _____			
Reason for Leaving _____			

<u>Next Most Recent Employer:</u>			
Name of Company _____		Address _____	
Telephone Number () _____			
Starting Date _____	Entry Job Title _____	Entry Salary \$ _____	per _____
Ending Date _____	Ending Job Title _____	Ending Salary \$ _____	per _____
Detailed Description of Duties _____			
Name and Title of Supervisor _____			
Reason for Leaving _____			

<u>Next Most Recent Employer:</u>			
Name of Company _____		Address _____	
Telephone Number () _____			
Starting Date _____	Entry Job Title _____	Entry Salary \$ _____	per _____
Ending Date _____	Ending Job Title _____	Ending Salary \$ _____	per _____
Detailed Description of Duties _____			
Name and Title of Supervisor _____			
Reason for Leaving _____			

<u>Next Most Recent Employer:</u>			
Name of Company _____		Address _____	
Telephone Number () _____			
Starting Date _____	Entry Job Title _____	Entry Salary \$ _____	per _____
Ending Date _____	Ending Job Title _____	Ending Salary \$ _____	per _____
Detailed Description of Duties _____			
Name and Title of Supervisor _____			
Reason for Leaving _____			

Application for At-Will Employment

Do you have any physical limitations that preclude you from performing the following job duties?

Stand for long periods of time, climb, balance, stoop, kneel, crawl, crouch ☐ Yes ☐ No

Frequently lift or move objects up to 50 pounds and occasionally lift or move objects up to 165 pounds ☐ Yes ☐ No

Exert up to 20 pounds of force to lift, carry, push, pull or otherwise move an object ☐ Yes ☐ No

Withstand uncomfortable or dangerous conditions at fire scenes ☐ Yes ☐ No

If yes, describe such restrictions and specific work limitations. _____

Do you have any physical limitations that preclude you from working in the following work environments?

All weather conditions including temperature extremes and wet, humid environments ☐ Yes ☐ No

During day and night ☐ Yes ☐ No

Under emergency and stressful situations ☐ Yes ☐ No

Exposure to hearing alarms ☐ Yes ☐ No

Exposure to smoke, noxious odors, fumes, chemicals, liquid chemicals, radioactive materials, solvents and oils ☐ Yes ☐ No

Near moving mechanical parts, vibrations and in areas with risk of electrical shock ☐ Yes ☐ No

In high, precarious places ☐ Yes ☐ No

If yes, describe such restrictions and specific work limitations. _____

PLEASE CAREFULLY READ THE FOLLOWING STATEMENTS AND SIGN

Student Loan: State Law (59-111-50) prohibits employment with any subdivision of the State to people who have defaulted on certain student loans, unless they can prove that satisfactory arrangements have been made for repayment. By my signature, I certify that I am not currently in default on a student loan.

Signature _____ **Date** _____

Required in blue ink

Selective Service: All males between the ages of 18 and 25 are required to be registered with Selective Service. By my signature, I certify that I have registered with Selective Service.

Signature _____ **Date** _____

Required in blue ink

SECTION A:

It is the policy of the City of Hartsville to select an applicant deemed most suitable to fill each position based on educational background, related work experience, and other work related factors. The City of Hartsville is an Equal Opportunity Employer.

It is further the policy of the City of Hartsville to recruit, hire, train and promote employees and applicants without regard to age, disability, national origin, race/color, religion, sex, or any other unlawful discriminator(s).

The City of Hartsville has designated the following (person or office) as the contact to coordinate efforts to comply with this requirement.

Inquiries should be directed to: Sherron L. Skipper, Administrative Services Director
Post Office Drawer 2497
Hartsville, South Carolina 29551
(843) 383-3018

SECTION B:

- I hereby affirm that all statements made herein or attached hereto are true and correct. I understand that all statements are subject to verification and any omission, false, misleading or incomplete statements are grounds to bar me from employment or for dismissal.
- I agree to submit to a urine drug screen, physical or other medical tests, if required for this position. The results of such may be grounds for disqualifying me or terminating my employment.
- I understand and agree that if employed, I will be an employee "at-will" and will have the right to terminate my employment at any time, with or without notice and with or without cause, and that the city has the same right.
- I understand that if hired, I must meet the eligibility verification requirements of the Federal Immigration and Naturalization Service and submit appropriate documentation to satisfy the requirements of completing INS Form I-9. This documentation will be provided to the Department of Homeland Security to confirm work authorization through E-Verify.
- I authorize and request each former employer and person, firm or corporation, given as a reference, to answer any and all questions that may be asked, and to give any and all information that may be sought in connection with this application concerning my work habit, character and/or skill.
- The use of this application form in no way obligates the City of Hartsville.
- I certify that I have read, understand and agree to all the statements listed above.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

APPLICANT'S SIGNATURE _____ **DATE** _____

Required in blue ink

(Not a Contract)

HFD Page 3 of 3



IMPORTANCE OF HONESTY STATEMENT

It is extremely important that you are completely honest in all of your answers. Honesty is the most important characteristic that you must demonstrate.

The importance of honesty from the time of completion of all application documents, questionnaires and during all interviews cannot be overemphasized. Failure to respond to any questions accurately and completely, whether orally or in writing will result in disqualification. Applicants have been disqualified for dishonesty.

While filling out all documents, you are cautioned to take your time and to be thorough and specific in all answers. If you have any doubt in your mind concerning a particular question, or if you are unsure whether to include certain information, the answer is "Yes, include it."

You may think that something you have done will disqualify you from further consideration. That may or may not be the case. What will certainly disqualify you is lying or distorting the truth. For example, an arrest, being fired from a job, use of drugs, etc. may or may not disqualify you; however, lying about it will disqualify you from further consideration.

By signing below, I acknowledge I have read and understand the contents of the Importance of Honesty Statement.

Name of Applicant

Applicant Signature (Sign in blue ink)

Date





RELEASE OF INFORMATION

I hereby request and authorize my former employers or other agencies to provide any information requested by the City of Hartsville concerning my employment, including but not limited to, information or opinions as to my character, habit, ability, work record, and reasons for leaving employ; and to investigate and ascertain any and all information concerning my background and my character which may pertain to my qualifications to be considered for employment with said agency. I understand that such information may be obtained from any person, document, or other source, and I hereby expressly authorize the release of any such information and/or document.

I understand that if I am applying for employment with certain departments within the City of Hartsville that credit rating will also be checked. I further understand that if the City of Hartsville is unable, through the exercise of reasonably diligent investigative methods, to obtain information concerning my background, credit rating, and character necessary to evaluate my qualifications to be accepted for employment by the City of Hartsville, I may be rejected for such employment.

I hereby release the City of Hartsville, any person or entity acting on their behalf, and any and all of my former employers, their officers, agents, and employees, from any and all claims, liability, or damage of any kind, whether due to negligence, error or any other cause, as a result of releasing said information to any member of the City of Hartsville, or any person or entity acting on their behalf. I further understand that in consideration for said release, the City of Hartsville will regard all information so obtained as confidential and shall not release the same to any person without my express consent.

A copy or fax of this authorization shall be as effective and valid as the original.

Print your name

XXX-XX-
Social Security Number
Last 4 Digits

Signature (Required in Blue Ink)

Date



CITY OF HARTSVILLE FIRE DEPARTMENT

FIREFIGHTER PHYSICAL AGILITY EXAMINATION

EVENTS:

- ❖ Hose Drag/ Couple
Simulates: Actual moving and coupling of hoses at a fire scene.
Test eye-hand coordination; manual dexterity
- ❖ Dummy Drag/Rescue
Simulates: Rescue of an injured person at an emergency scene.
Test lifting strength; stamina in maintaining muscular exertion; balance.
- ❖ Hose Pull
Simulates: Pulling hoses or equipment to upper floors at a fire scene.
Test eye-hand coordination; control of repetitive muscle uses; lifting strength; any claustrophobic reaction.
- ❖ Sledge Hammer/Forcible Entry
Simulates: Test the applicant's ability to use hand tools for forced entry and other fire ground duties.
- ❖ Ladder Climb
Simulates: Using ground ladder to attain fire suppression or rescue access. Tests awareness of body position and movement; ability to deal with unprotected heights.

Applicants are given two opportunities to complete each event with the final results of Pass/Fail.

Applicant Data Record

Name _____ Position _____ Date _____

The information requested below is needed for state and federal reporting and internal personnel research. This information will be kept in a confidential file within the Human Resources Office.

Qualified applicants are considered for all positions and are treated without discrimination as to age, disability, national origin, race/color, religion, sex, or any other unlawful discriminator(s).

DATE OF BIRTH _____

SEX ☐ Male ☐ Female

ETHNIC BACKGROUND (check one)

- ☐ American Indian/Alaskan Native
- ☐ Asian American/Pacific Islander
- ☐ African American
- ☐ Hispanic
- ☐ Caucasian/White
- ☐ Other _____

How were you referred to the City of Hartsville? Check which one(s) apply.

- ☐ Walk-In ☐ Friend or Relative ☐ College Placement ☐ City Employee ☐ Newspaper Ad
☐ Internet ☐ Agency ☐ Other _____

In cooperation with the Family Independence Act of 1995, we are actively recruiting Family Independence, Welfare and food stamp recipients. If you are eligible, you may also qualify for special job training.

Are you currently receiving AFDC or food stamps? ☐ Yes ☐ No

To Vietnam Era Veterans, Disabled Veterans and Individuals with physical or mental disabilities:

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential. Refusal to provide this information will not adversely affect your consideration for employment.

If you so wish to be identified, please check if any of the following are applicable:

- ☐ Vietnam Era Veteran (served between 1964-1975) ☐ Disabled Veteran ☐ Individual with a disability



An Equal Opportunity Employer

Please contact Sherron Skipper at (843) 383-3018 to give advance notice if you need a reasonable accommodation.